

DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND Fort Polk
FORT POLK, LOUISIANA 71459-5341

CIVILIAN PERSONNEL
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2002 FEDERAL EMPLOYEES HEALTH BENEFITS OPEN SEASON

1. A Federal Employees Health Benefits (FEHB) open season will be held from 11 November 2002 through 9 December 2002.

2. During open season, any eligible employee who is not currently registered may enroll, and any eligible enrollee may change from one plan or option to another, from self only to self and family, or make a combination of these changes.

3. Enrollees who wish to continue their current enrollments do not need to take any action during this open season. **However, enrollees whose plans will not be participating in the FEHB Program after 31 December 2002, MUST enroll in a different plan to continue FEHB coverage in 2003.**

4. There are three basic type of plans available under the FEHB Program:

a. **MANAGED FEE-FOR-SERVICE PLANS** - These plans reimburse you or your health care provider for covered services after the services are received. If you enroll in one of these plans, you may choose your own physicians, hospitals, and other health care providers.

These plans are considered "managed" because they all contain features such as pre-certification of hospital admissions and utilization review of ongoing care. In addition, most of the fee-for-service plans have preferred provider arrangements in many parts of the country. By using preferred providers, you can reduce your out-of-pocket expenses, and in some cases, receive enhanced benefits.

Fee-for-service plans include the Blue Cross Blue Shield Service Benefit Plan and plans sponsored by unions and other employee organizations. Several employee organization plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans; other employee organization plans are restricted to certain groups and/or agencies. (**See the**

employee organization plan brochure for information about membership requirements and membership dues, which are in addition to your biweekly or monthly premiums.)

b. HEALTH MAINTENANCE ORGANIZATION PLANS (HMOs) - These plans provide a comprehensive array of medical services, emphasizing prevention and early detection of disease, through contracted physicians, hospitals, and other providers in particular locations. Each HMO is open to employees within the plan's enrollment area. You cannot enroll in an HMO if you are located outside its enrollment area. Refer to the plan's brochure if you have any questions about the enrollment area.

c. PLANS OFFERING A POINT OF SERVICE (POS) PRODUCT - Some FEHB plans have begun to blend their features. A number of fee-for-service and HMO plans now offer both forms of health care delivery, known as "in network" and "out of network". In an HMO that offers a POS product, the POS product acts like a fee-for-service plan: The HMO's enrollees may use non-affiliated (out of network) providers if they wish, but the services will cost them more - in terms of deductibles and coinsurance - than if they used plan providers.

In a fee-for-service plan with a POS product, the POS product acts like an HMO: If they agree to let their medical care be managed by a plan-affiliated gatekeeper physician (in network), plan enrollees will get a better benefit, usually in the form of richer benefits and lower co-pays or coinsurance.

5. Before open season begins, your current health plan will send you a copy of its brochure and a notice of its 2003 rates. **If you are enrolled in an HMO, be sure to review the brochure carefully to see if there are any changes in the plan's service area which would require any action on your part.**

6. If you are considering enrolling or making an enrollment change, contact your administrative office to obtain a copy of the 2002 Guide to Federal Employees Health Benefits Plan. The FEHB Guide contains a comparison chart that gives general information about each plan and shows the biweekly and monthly premium rates, as well as other information.

7. Do not rely solely on the FEHB Guide when deciding whether to enroll in or change enrollment to a specific plan. If, after reviewing the FEHB Guide, you decide you are interested in making an enrollment change, consult the plan's brochure for a complete description of benefits. The FEHB Guide, as well as brochures for plans, are available for your inspection at the following locations: your administrative office, web site:

<http://www.opm.gov/forms/index.htm>, or the Civilian Personnel Advisory Center (CPAC) located at 7041 Radio Road, Fort Polk, LA.

8. **HOW TO ENROLL OR MAKE AN ENROLLMENT CHANGE DURING OPEN SEASON**

- Employees who wish to enroll or change their enrollment should contact the **Army Benefits Center-Civilian (ABC-C)**. Employees may access the Employees Benefits Information System (EBIS) through the web from the ABC-C home page at <https://www.abc.army.mil> or the Interactive Voice Response System (IVRS) by calling the toll-free number, 1-877-276-9287 or 1-877-276-9833 for Hearing Impaired.

Employees must first establish a Point Of Entry (POE) and Personal Identification Number (PIN) through EBIS in order to access either system.

All open season changes and enrollments must be processed through the ABC-C no later than close of business 9 December 2002.

9. **IMPORTANT!!!! PREMIUM CONVERSION INFORMATION** - The premium conversion is a "pre-tax" arrangement, meaning that the part of your salary that goes for health insurance premiums will become non-taxable. This means that you save on Federal income tax and FICA taxes (Social Security and Medicare taxes). In most cases, you'll also save on State income tax and local income tax.

An employee participating in premium conversion generally has all the same flexibility as a person who chooses not to participate. Because of the tax laws, there are two exceptions:

a. If you waive premium conversion you will have the flexibility, *without giving any reason whatsoever*, either to drop your health insurance altogether or change from a self and family enrollment to self only.

b. If you are participating in premium conversion, you will be allowed to drop coverage, or change to self only, only if your decision to do so comes at the time of a "qualifying life event," such as when you get married or your spouse gets a job that covers you under his/her health insurance **OR** open season.

10. New enrollments and changes to current enrollments elected during open season generally will become effective on **12 January 2003**. If you change plans, any covered expenses incurred between 1 January 2002 and 31 December 2002 will count toward the 2002 deductible of the plan you are changing from.

11. **TEMPORARY CONTINUATION OF COVERAGE (TCC)** - You should be aware that if you leave Federal employment, you will probably be

eligible for TCC (unless you are separated for gross misconduct). TCC can continue for up to 36 months for dependents who lose eligibility as family member under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22. TCC enrollees must pay the total plan premium (without a Government contribution) plus a 2% charge for administrative expenses. There are specific time frames in which you or your dependents must enroll for TCC. Contact the ABC-C for more information.

12. Please note that information you provide by enrolling in the Federal Employees Health Benefits Program may also be used for computer matching with Federal, state, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the Federal Employees Health Benefits Program Medicare or other Government benefits programs.

13. **HEALTH FAIR:** A "Health Fair" will be **held Wednesday, 4 December 2002, 0930-1430, at the CPAC classroom, Building 422,** located on 8th Street. Employees may obtain information on Health Benefits Plans while at the health fair or speak with the FEHB representatives that will be attending.

//ORIGINAL SIGNED//
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Advisory Center

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